1 2	3	4
17. Nagaland	Nil	Nil
18. Orissa	02	01
19. Punjab	13	06
20. Rajasthan	07	28
21. Sikkim	Nil	Nil
22. Tamilnadu	47	33
23. Tripura	Nil	Nil
24. Uttar Pradesh	07	03
25. West Bengal	20	06
26. Pondicherry	NA	Nil
27. Andaman & Nicobar Island	Nil	
28. Chandigarh	Nil	Nil
29. Delhi	03	06
30. Dadra&Nagar Haveli	Nil	Nil
31. Daman & Diu	Nil	Nil
32. Lakshadweep	NA	NA
33. Chhattisgarh	NA	NA
34. Jharkhand	Nil	03
35. Uttaranchal	Nil	11

NA—Not Available.

Declining AIDS cases

3448. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the recent press reports that AIDS epidemic infections in India in 2004 was just 28000 as against 6 lakhs in the previous year;

(b) if so, whether this huge reduction is attributable to multi-faceted measures adopted in creating in awareness in public or whether there are other reasons therefor; and

(c) what was the projection of such cases in 2004 and how many such cases have come to light in the first three months of 2005?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The year-wise estimated number of infections for the year 2002, 2003, and 2004 are as follows:

Year	Estimated number of infections
2002	45.80 lakh
2003	51.06 lakh
2004	51.34 lakh

However, it may be mentioned that in India, HIV Sentinel Surveillance (HSS) was initiated in 1998 with the objective of monitoring the growth of the infection among high-risk group and extent of spread to the general population. Accordingly a few sentinel sites were established in places where HIV infections were found prevalent. In the absence of any other reliable data, HSS data was utilized to estimate the probable number of infections in the country based on certain assumptions. These assumptions were based on the available literature and experience of eminent epidemiologists and biostatisticians of national and international repute and the experts from WHO and UNAIDS.

The HSS has been expanded to get more representative data and the assumptions used for estimation have been validated based on available epidemiological data, viz., community based national survey to estimate the prevalence of STD in India, and validation of assumptions using HSS data.

Thus the year-wise figures are not comparable. The data from HSS indicate that there is a mixed response of the epidemic in the country. While HIV prevalence is increased in some sub-groups, it has shown early signs of sero-stability in States like Tamil Nadu indicating that there is no upsurge of HIV epidemic in the country.

(c) National AIDS Control Organization conducts annual HIV sentinel surveillance (HSS) every year. The estimate based on 2004 HSS was 5.134 million infections in the country. As per the information received from State AIDS Control Societies (SACS), a total of 6889 AIDS cases have been reported to NACO during the first three months of 2005.

Toll of lives by major diseases

3449. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the major diseases that took toll of lives showing the number of fatal cases during the last three years;

(b) the steps taken to control spread of such diseases; and

(c) the facilities provided to poor people for protection from diseases and for diagnosis of serious diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANA3AKA LAKSHMI): (a) to (c) A statement showing the number of deaths due to major diseases is enclosed. (See below).

Health is primarily a State subject and provision of medical relief for various diseases through primary and community health centres is looked after by the State Governments. Communicable diseases are linked to maintenance of environmental hygiene, sanitation, consumption of safe and good drinking water. The preventive measures taken by local health authorities include provision of safe drinking water, improvement of personal and community hygiene, safe disposal of human excreta, undertaking appropriate health education, surveillance and monitoring, distribution of chlorine tablets and ORS packets etc.

The Government of India supplements the efforts of the State Governments/Union Territories through various National Health Programmes. Funds are also provided under the Accelerated Rural Water Supply Programme, Accelerated Urban Water Supply Programme, Total Sanitation Campaign, School Sanitation and Hygiene Education and low cost sanitation scheme for tackling quality related problems in respect of drinking water supply and sanitation. National Institute of communicable